

# Simulation Scenario Template

## Appendix C: Facilitator Cheat Sheet & Debriefing Tips

*Include key errors to watch for and common challenges with the case. List issues expected to be part of the debriefing discussion. Supplemental information regarding any relevant pathophysiology, guidelines, or management information that may be reviewed during debriefing should be provided for facilitators to have as a reference.*

This case highlights the importance of recognizing alcohol-related injury and conducting SBIRT in the ED after critical, life-threatening injuries have been ruled out. Alcohol-related traumatic injury is unfortunately incredibly common. It has been found that over  $\frac{1}{3}$  of traffic accidents involving individuals 16-20 involve alcohol and that 40% of traumatic deaths involve alcohol and/or drugs.<sup>1,2</sup> Alcohol use markedly increases the risk of injury, and greater consumption portends greater risk.<sup>3,4</sup> Since we are the front lines physicians encountering those with traumatic injuries, we are in a unique position to identify those at risk for alcohol use disorder and provide them with the resources they need to prevent future harms.

Screening, brief intervention and referral to treatment (SBIRT) is an established public health initiative to identify and intervene on patients who are at risk or have a substance use disorder. SBIRT as a modality dates back to the 1980's as screening tools became more available and was first most notable for intervening on alcohol misuse.<sup>5,6</sup> First, a screen is performed using questions about how alcohol may or may not affect their life. Alcohol Use Disorder Identification Test (AUDIT) is a 10 question survey to identify risk for more severe alcohol use and a shortened version related to consumption is AUDIT-C that can be used to identify risky use. A common screening tool, Cut Down, Annoyed, Guilty, Eye opener (CAGE), is not recommended as it only screens for dependence but not risky use. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends if CAGE is performed then a one question about consumption must precede asking if they have consumed more than 5 or more drinks on occasion for men and 4 or more for women. After the screen is performed and the patient is deemed to be at risk or positive, a brief, 2-3 minute, intervention is performed. A brief intervention can include increasing motivation to decrease use, providing patient education, or teaching skills to decrease use.<sup>7</sup> At this point a referral to treatment can be done by a provider or a social worker to engage the patient into further treatment including psychotherapy and pharmacotherapy.

CAGE QUESTIONNAIRE <sup>8*</sup>
Have you ever felt you needed to Cut down on your drinking?
Have people Annoyed you by criticizing your drinking?
Have you ever felt Guilty about drinking?
Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?

\*Scores of 2 are 93% sensitive for excessive alcohol intake and 91% sensitive for alcohol use disorder.

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AUDIT-C <sup>9**</sup>	
How often did you have a drink containing alcohol in the past year?	
	Never
	Monthly or less
	Two to four times a month
	Two to three times per week
	Four or more times a week
How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	
	1 or 2 drinks
	3 or 4
	5 or 6
	7 to 9
	10 or more
How often did you have six or more drinks on one occasion in the past year?	
	Never
	Less than monthly
	Monthly
	Weekly
	Daily or almost daily

**\*\*Scores of 3 or more for females or 4 or more for males are concerning for alcohol misuse.**

SBIRT programs have been demonstrated to be effective in reducing alcohol use in the short term.<sup>10</sup> Studies have shown that telephone-delivered SBIRT can be successfully established and maintained and can be equally effective to in-person SBIRT for ED patients.<sup>11,12</sup> A recent systematic review found evidence of moderate quality suggesting that ED-based SBIRT programs help reduce alcohol-related injuries, reduce alcohol consumption in individuals with mild to moderate alcohol use disorder, and reduce repeat ED visits.<sup>12</sup> Until we have evidence to suggest otherwise, we should be using SBIRT to promote harms reduction in our patients with alcohol use disorder.

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## References

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